

## PART B - FEE(S) TRANSMITTAL

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**KNOBBE, MARTENS, OLSON & BEAR, LLP**  
**2040 MAIN STREET**  
**IRVINE, CA 92614**

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/063,540	05/02/2002	Andrey Goddard	P123CR1CD01-168	1054

**TITLE OF INVENTION: ANTIBODIES TO A POLYPEPTIDE ENCODED BY A NUCLEIC ACID UNDEREXPRESSED IN ESOPHAGEAL TUMOR AND MELANOMA**

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	\$1400	02/22/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
SEHARASIM, BOATHESSAN	3681	530-387700

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.353).

☐ Change of correspondence address (or Change of "Fee Address") attached.

☐ "Fee Address" indication (or "Fee Address" indication form PTO/SB-47, Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (including a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Elizabeth M. Barnes

Mark T. Kresnak

Knobbe Martens Olson & Bear LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Genentech, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

South San Francisco, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☐ Publication Fee (No small entity discount permitted)

☐ Advance Order - # of Copies

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The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

AnneMarie Kaiser

Date

Jan. 9, 2007

Typed or printed name

AnneMarie Kaiser

Registration No.

37,649

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PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.

OMB 0651-0033

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